



OUR MISSION

With respect and compassion for all animal life, MEOW promotes lifelong relationships between people and companion animals, providing shelter and care for each precious life until adopted into a forever home.

Volunteer Application (minimum age 18)

Name: _____ Primary Phone: _____

Address: _____ Secondary Phone: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Date of birth: _____

Occupation: _____ Employer: _____ Work Phone: _____

Spouse Occupation: _____ Employer: _____

Do you have any allergies or physical, medical (including pregnancy), psychological limitations or disabilities that might hinder you from safely performing any potential duties? ☐ Yes ☐ No If yes, please list: _____

Please list any formal education, training, and/or experience in pet care or animal welfare: _____

Have you ever been charged or convicted of felony or misdemeanor animal abuse? ☐ Yes ☐ No
If yes, please explain: _____

How did you hear about MEOW? _____

Why would you like to volunteer? _____

Have you ever adopted from an animal shelter? ☐ Yes ☐ No

If yes, Shelter Name: _____ When _____ ☐ Cat ☐ Dog ☐ Other

Please list pets you have had - include current and former pets:

Type	Breed	Age	Sex	S/N	How long owned?	Indoor/Outdoor?	What happened to it?
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Are all pets current on vaccines? ☐ Yes ☐ No

MEOW is a nonprofit, no kill cat shelter, requiring adoptive homes to agree to our no declaw and indoor only policies.
Do you have questions about these requirements? ☐ Yes ☐ No

Since you may be handling animals, it is important that you discuss tetanus vaccination with your physician.

Please complete Section A if you are interested in volunteering for the following:

(check all that apply)

☐Adoption Counselor ☐Kennel Attendant ☐Shelter Assistant ☐MEOW Buddy ☐Office Assistant
☐Special Events ☐Adoption Support ☐Medical Care Asst ☐MYM Assessor ☐TNR Assistant ☐Other

A. How often would you like to volunteer? ☐Once/week ☐Twice/week ☐Every other week

Other (explain)_____

What days of the week are you available?

☐Mon ☐Tues ☐Wed ☐Thurs ☐Fri ☐Sat ☐Sun ☐AM or ☐PM?

As a volunteer at the shelter some of the following tasks will be a part of your regular routine:

Cleaning cages, sweeping and mopping floors, handling cats, disinfecting carriers, cleaning dishes and litter pans, laundry.

Are there any tasks listed that you would not be able to perform? ☐Yes ☐No

If yes, please explain_____

Complete Section B if you would like to provide foster care in your home:

B. Do you live in: ☐House ☐Apartment ☐Condo ☐Duplex ☐Mobile Home

Do you: ☐Own ☐Lease ☐Rent Are there any pet restrictions:_____

Property Owner/Manager:_____Phone:_____

How long at this address?_____Do you plan to move within the next 6 months? ☐Yes ☐No

Do you live with: ☐Spouse ☐Roomate(s) ☐Parents ☐Alone ☐Other

Please list all members of household:

Name_____Age_____Name_____Age_____

Name_____Age_____Name_____Age_____

Are there any children not listed above who visit frequently? ☐Yes ☐No Ages:_____

How many hours a day will your fosters spend without a human?_____

Do you have a separate area or room for fosters? ☐Yes ☐No

Where will your foster(s) be when you are home?_____When left alone?_____At night when sleeping?_____

Have you ever fostered before?_____If so, for whom and when?_____

Who do you feel comfortable fostering? ☐Pregnant ☐Mother & kittens ☐Weaned Kittens ☐Bottle Babies

☐Adult Cats ☐Special needs cats/kittens ☐Puppies ☐Adult Dogs